

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)  
REC'D

JAN 12 2000

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification

☒ B. Subsequent Notification  
(Complete Item C)

## C. Installation's EPA ID Number

I A D 0 0 0 2 2 2 6 5 3

## II. Name of Installation (Include company and specific site name)

C l i m a x M o l y b d e n u m C o m p a n y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 5 9 8 H w y 6 1

Street (Continued)

City or Town

F o r t M a d i s o n

State

Zip Code

I A 5 2 6 2 7 -

County Code

County Name

L e e

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 9 8 H w y 6 1

City or Town

F o r t M a d i s o n

State

Zip Code

I A 5 2 6 2 7 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

H e s t o n

(First)

S h e l l y

Job Title

E n v i r o n m e n t a l M a n a g e r

Phone Number (Area Code and Number)

3 1 9 - 4 6 3 - 2 2 2 4

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

☒ X

B. Street or P.O. Box

2 5 9 8 H w y 6 1

City or Town

F o r t M a d i s o n

State

Zip Code

I A 5 2 6 2 7 -

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

C y p r u s C l i m a x M e t a l s C o m p a n y

Street, P.O. Box, or Route Number

2 6 0 0 N C e n t r a l A v e n u e

City or Town

P h o e n i x

State

Zip Code

A Z 8 5 0 0 4 - 3 0 1 4

Phone Number (Area Code and Number)

6 0 2 - 2 3 4 - 8 1 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner  
Indicator

Yes

No

(Date Changed)

Month Day Year



R00150359  
RCRA RECORDS CENTER

RCRIS data entered  
by TC/NO/CC  
on 1/13/00

Last N Rcd - 6/29/99

Chg in address of owner  
only



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Recycling Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 0 8 D 0 0 6 D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	U 2 2 8				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
P C B 2					

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>James C. Handley</i>	Name and Official Title (Type or print) James C. Handley Vice President/General Manager	Date Signed 1/7/00
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## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



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(For Official Use Only)

JAN 12 2000

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☐

A. Initial Notification

☒B. Subsequent Notification  
(Complete Item C)

## C. Installation's EPA ID Number

I A D 0 0 0 2 2 2 6 5 3

## II. Name of Installation (Include company and specific site name)

C l i m a x M o l y b d e n u m C o m p a n y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 5 9 8 H w y 6 l

Street (Continued)

City or Town

F o r t M a d i s o n

State

Zip Code

I A 5 2 6 2 7 -

County Code

County Name

L e e

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 9 8 H w y 6 l

City or Town

F o r t M a d i s o n

State

Zip Code

I A 5 2 6 2 7 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

H e s t o n

(First)

S h e l l y

Job Title

E n v i r o n m e n t a l M g

Phone Number (Area Code and Number)

3 1 9 - 4 6 3 - 2 2 2 4

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

☒

B. Street or P.O. Box

2 5 9 8 H w y 6 l

City or Town

F o r t M a d i s o n

State

Zip Code

I A 5 2 6 2 7 -

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

C y p r u s C l i m a x M e t a l s C o m p a n y

Street, P.O. Box, or Route Number

2 6 0 0 N C e n t r a l A v e n u e

City or Town

P h o e n i x

State

Zip Code

A Z 8 5 0 0 4 - 3 0 1 4

Phone Number (Area Code and Number)

6 0 2 - 2 3 4 - 8 1 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month Day Year

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers

- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral

- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler

- ☐ 2. Industrial Boiler

- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner

- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler

- ☐ b. Industrial Boiler

- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter

- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process

- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

- A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)☒ X2. Corrosive  
(D002)☐3. Reactive  
(D003)☐4. Toxicity  
Characteristic☒ X

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 8

D 0 0 6

D 0 0 9

- B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
F 0 0 3
7

2
U 2 2 8
8

3
9

4
10

5
11

6
12

- C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1
P C B 2

2

3

4

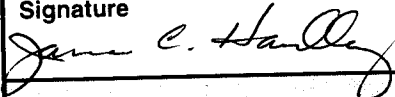
5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

James C. Handley  
Vice President/General Manager

Date Signed

1/7/00

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**CLIMAX MOLYBDENUM  
COMPANY**

A Cyprus Amax Company

REC'D

JAN 12 2000

RESP

Climax Molybdenum Company  
P.O. Box 220  
Fort Madison, Iowa 52627  
(319) 463-7151  
Fax: (319) 463-7315

January 6, 2000

00ENV-009

Mr. Perce Cox  
United States EPA  
Region VII  
901 North 5<sup>th</sup> Street  
Kansas City, KS 66101

Subject: Climax Molybdenum Company EPA RCRA ID# IAD000222653  
Change of Ownership in Parent Corporate Structure Notification

Dear Mr. Cox:

I have enclosed an updated EPA Form 8700-12, which reflects the new address of our parent company. The change is due to a recent change of ownership in our parent corporate structure. The corporate ownership for the Climax Molybdenum Company is as follows:

1. Climax Molybdenum Company is a wholly owned subsidiary of the Cyprus Climax Metals Company;
2. The Cyprus Climax Metals Company is a wholly owned subsidiary of the Cyprus Metals Company, and
3. Prior to December 2, 1999, the Cyprus Metals Company was a wholly owned subsidiary of the Cyprus Amax Minerals Company.

On December 2, 1999, Cyprus Amax Minerals Company merged into and with C.A.V. Corporation, a wholly owned subsidiary of Phelps Dodge Corporation. From and after that date, Cyprus Metals Company and all of its downstream subsidiaries (including Climax Molybdenum Company) are direct, wholly owned subsidiaries of C.A.V. Corporation and indirectly, Phelps Dodge Corporation. To facilitate the merger, C.A.V. Corporation changed its name to Cyprus Amax Minerals Company.

As you can see, although there has been a change in the parent corporate structure, there has been no change in the entity structure of the permittee. Please be assured that the operating entity holding the permit will remain the same, subject to all of the permit's current terms and conditions. As a result of the merger C.A.V. Corporation assumed all pre-merger responsibilities of Cyprus Amax Minerals Company. Therefore, any and all responsibilities and obligations held by the parent corporations in reference to this permit prior to December 2, 1999, remain in full effect against the current corporate ownership. Please contact me if you have any questions, or require any additional information.

Sincerely,

Shelly R. Heston  
Climax Molybdenum Company

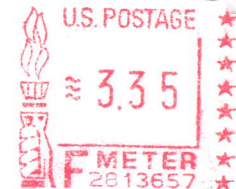
cc: R. Mohr - Phelps Dodge Corporation  
2600 N. Central Avenue  
Phoenix, AZ 85004-3014

CERTIFIED

P 879 139 478

MAIL

RESP



**F  
R  
O  
M**



**CLIMAX MOLYBDENUM  
COMPANY**

A Cyprus Amax Company

P.O. BOX 220 • FORT MADISON, IOWA 52627

**TO:**

Mr. Perce Cox  
United States EPA  
Region VII  
901 North 5th Street  
Kansas City, KS 66101